

STATE OF ILLINOIS

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Facility Name & ID Number Alden Wentworth Rehab & HCC# 0026435 Report Period Beginning: 1/1/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>300</u>	Skilled (SNF)	<u>300</u>	<u>109,800</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>300</u>	TOTALS	<u>300</u>	<u>109,800</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>20,339</u>	<u>112</u>	<u>5,588</u>	<u>26,039</u>	8
9	SNF/PED					9
10	ICF	<u>35,889</u>	<u>277</u>	<u>51</u>	<u>36,217</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>56,228</u>	<u>389</u>	<u>5,639</u>	<u>62,256</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 56.70%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 09/09/81

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 09/09/81 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 86 and days of care provided 4,514Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	226,901	27,548	9,600	264,049	481	264,530		264,530			1
2	Food Purchase		301,303		301,303	(29,891)	271,412	(24,158)	247,254			2
3	Housekeeping	196,673	30,074		226,747	1,034	227,781		227,781			3
4	Laundry	48,497	31,239		79,736		79,736		79,736			4
5	Heat and Other Utilities			230,997	230,997		230,997	(983)	230,014			5
6	Maintenance	43,292		132,462	175,754		175,754	5,467	181,221			6
7	Other (specify):* related party salary							46,041	46,041			7
8	TOTAL General Services	515,363	390,164	373,059	1,278,586	(28,376)	1,250,210	26,367	1,276,577			8
	B. Health Care and Programs											
9	Medical Director			41,608	41,608		41,608		41,608			9
10	Nursing and Medical Records	1,888,153	75,700	7,500	1,971,353	907	1,972,260	(60,943)	1,911,317			10
10a	Therapy											10a
11	Activities	69,052	1,230	4,399	74,681		74,681		74,681			11
12	Social Services	33,660			33,660		33,660		33,660			12
13	Nurse Aide Training											13
14	Program Transportation			155	155		155		155			14
15	Other (specify):* related party salary							34,429	34,429			15
16	TOTAL Health Care and Programs	1,990,865	76,930	53,662	2,121,457	907	2,122,364	(26,514)	2,095,850			16
	C. General Administration											
17	Administrative	94,051			94,051		94,051		94,051			17
18	Directors Fees											18
19	Professional Services			957,667	957,667		957,667	(879,343)	78,324			19
20	Dues, Fees, Subscriptions & Promotions			55,573	55,573		55,573	(42,945)	12,628			20
21	Clerical & General Office Expenses	175,370	13,269	47,614	236,253	754	237,007	8,550	245,557			21
22	Employee Benefits & Payroll Taxes			441,516	441,516	26,715	468,231	(6,983)	461,248			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,888	2,888		2,888	14,867	17,755			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			274,474	274,474		274,474	329	274,803			26
27	Other (specify):* related party salary			21,164	21,164		21,164	381,095	402,259			27
28	TOTAL General Administration	269,421	13,269	1,800,896	2,083,586	27,469	2,111,055	(524,430)	1,586,625			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,775,649	480,363	2,227,617	5,483,629		5,483,629	(524,577)	4,959,052			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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Facility Name & ID Number

Alden Wentworth Rehab & HCC

#0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			73,162	73,162		73,162	175,311	248,473			30
31	Amortization of Pre-Op. & Org.							1,971	1,971			31
32	Interest			206,554	206,554		206,554	46,377	252,931			32
33	Real Estate Taxes			595,858	595,858		595,858	60,909	656,767			33
34	Rent-Facility & Grounds			1,205,551	1,205,551		1,205,551	(1,205,551)				34
35	Rent-Equipment & Vehicles			13,935	13,935		13,935	24,954	38,889			35
36	Other (specify):* MIP							11,769	11,769			36
37	TOTAL Ownership			2,095,060	2,095,060		2,095,060	(884,260)	1,210,800			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		261,247	328,110	589,357		589,357	(46,994)	542,363			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		122		122		122	(122)				41
42	Provider Participation Fee			164,700	164,700		164,700		164,700			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		261,369	492,810	754,179		754,179	(47,116)	707,063			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,775,649	741,732	4,815,487	8,332,868		8,332,868	(1,455,953)	6,876,915			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	159,105	30		9
10	Interest and Other Investment Income	(92)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(19,276)	21		17
18	Fines and Penalties	(23,150)	32		18
19	Entertainment	(438)	20		19
20	Contributions	(2,556)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(10,618)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(21,164)	27		24
25	Fund Raising, Advertising and Promotional	(36,784)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	9	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 45,036		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(306,766)	various	34
35	Other- Attach Schedule	(1,194,223)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,500,989)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,455,953)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Wentworth Rehab & HCC

ID# 0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (4,395)	5	1
2	Gift shop expense	(122)	41	2
3	Intercompany Interest	(174,460)	32	3
4	Misc Income	(7,373)	27	4
5	Marketing Manager	(44,006)	21	5
6	Marketing Manager benefits	(6,983)	22	6
7	Back out 31.78% of IHCA dues	(3,775)	20	7
8	Mortgage interest	186,670	32	8
9	eliminate rent expense	(1,205,551)	34	9
10	Mortgage Insurance Premium	11,769	36	10
11	deferred painting	1,559	6	11
12	depreciation adjustment	5,664	30	12
13	deferred maintenance adjustment	(5,664)	6	13
14	Back out prior years' real estate escrow w/off	(12,932)	33	14
15	Eliminate real estate refund for FY'00	65,376	33	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,194,223)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	(24,158)	0	0	0	0	0	0	0	(24,158)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,395)	0	3,412	0	0	0	0	0	0	0	0	(983)	5
6	Maintenance	(4,105)	0	10,191	0	0	0	(45)	(574)	0	0	0	5,467	6
7	Other (specify):*	0	0	46,041	0	0	0	0	0	0	0	0	46,041	7
8	TOTAL General Services	(8,500)	0	59,644	(24,158)	0	0	(45)	(574)	0	0	0	26,367	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(53,238)	(7,705)	0	0	0	0	0	0	(60,943)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	34,429	0	0	0	0	0	0	0	0	34,429	15
16	TOTAL Health Care and Programs	0	0	34,429	(53,238)	(7,705)	0	0	0	0	0	0	(26,514)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,618)	0	(868,725)	0	0	0	0	0	0	0	0	(879,343)	19
20	Fees, Subscriptions & Promotions	(43,544)	0	599	0	0	0	0	0	0	0	0	(42,945)	20
21	Clerical & General Office Expenses	(63,282)	0	38,630	28,937	4,265	0	0	0	0	0	0	8,550	21
22	Employee Benefits & Payroll Taxes	(6,983)	0	0	0	0	0	0	0	0	0	0	(6,983)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	14,867	0	0	0	0	0	0	0	0	14,867	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	329	0	0	0	0	0	0	0	0	329	26
27	Other (specify):*	(28,537)	0	396,234	6,788	6,610	0	0	0	0	0	0	381,095	27
28	TOTAL General Administration	(152,964)	0	(418,066)	35,725	10,875	0	0	0	0	0	0	(524,430)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(161,464)	0	(323,993)	(41,671)	3,170	0	(45)	(574)	0	0	0	(524,577)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	164,769	0	9,144	0	1,398	0	0	0	0	0	0	175,311 30
31	Amortization of Pre-Op. & Org.	0	0	1,971	0	0	0	0	0	0	0	0	1,971 31
32	Interest	(11,032)	0	55,918	0	306	1,185	0	0	0	0	0	46,377 32
33	Real Estate Taxes	52,444	0	8,174	0	291	0	0	0	0	0	0	60,909 33
34	Rent-Facility & Grounds	(1,205,551)	0	0	0	0	0	0	0	0	0	0	(1,205,551) 34
35	Rent-Equipment & Vehicles	0	0	24,954	0	0	0	0	0	0	0	0	24,954 35
36	Other (specify):*	11,769	0	0	0	0	0	0	0	0	0	0	11,769 36
37	TOTAL Ownership	(987,601)	0	100,161	0	1,995	1,185	0	0	0	0	0	(884,260) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(15,917)	(22,182)	(8,895)	0	0	0	0	0	(46,994) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	(122)	0	0	0	0	0	0	0	0	0	0	(122) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	(122)	0	0	(15,917)	(22,182)	(8,895)	0	0	0	0	0	(47,116) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(1,149,187)	0	(223,832)	(57,588)	(17,017)	(7,710)	(45)	(574)	0	0	0	(1,455,953) 45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group Ltd.	100	See pg 6k	See pg 6k	See pg 6k	See pg 6k	See pg 6k

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V		See the following page 6's	\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional fees	\$ 880,800	Alden Management Services	0.00%	\$ 12,075	\$ (868,725) 15
16	V	21 Clerical and G & A		Alden Management Services		38,630	38,630 16
17	V	5 Utilities		Alden Management Services		3,412	3,412 17
18	V	6 Maintenance		Alden Management Services		10,191	10,191 18
19	V	24 Travel & seminar		Alden Management Services		14,867	14,867 19
20	V	26 Insurance		Alden Management Services		329	329 20
21	V	20 Dues/subscriptions/fees etc		Alden Management Services		599	599 21
22	V	30 Depreciation		Alden Management Services		9,144	9,144 22
23	V	31 Amortization		Alden Management Services		1,971	1,971 23
24	V	33 Real estate taxes		Alden Management Services		8,174	8,174 24
25	V	35 Rent-equipment/vehicles		Alden Management Services		24,954	24,954 25
26	V	32 Interest		Alden Management Services		55,918	55,918 26
27	V	7 Salaries-general serv		Alden Management Services		46,041	46,041 27
28	V	15 Salaries-health care		Alden Management Services		34,429	34,429 28
29	V	27 Salaries-general admin		Alden Management Services		396,234	396,234 29
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 880,800			\$ 656,968	\$ * (223,832) 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2 tube-feeding	\$ 42,422	Prism Health Care	100.00%	\$ 18,264	\$ (24,158)	15
16	V	10 nursing suplies	\$ 58,328	Prism Health Care		\$ 5,090	\$ (53,238)	16
17	V	39 per diems/other supplies	\$ 36,176	Prism Health Care		\$ 20,259	\$ (15,917)	17
18	V	21 gen'l & admin.		Prism Health Care		\$ 28,937	\$ 28,937	18
19	V	27 Gen'l & Admin salary		Prism Health Care		\$ 6,788	\$ 6,788	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 136,926			\$ 79,338	\$ * (57,588)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 drugs	\$ 97,263	Forum Extended Care II	100.00%	\$ 83,893	\$ (13,370)	15
16	V	10 houswe stock	1,490	Forum Extended Care II		1,285	(205)	16
17	V	39 I.V.	64,105	Forum Extended Care II		55,293	(8,812)	17
18	V			Forum Extended Care II				18
19	V	21 gen'l & admin		Forum Extended Care II		4,265	4,265	19
20	V	32 interest		Forum Extended Care II		306	306	20
21	V	33 real estate tax		Forum Extended Care II		291	291	21
22	V	30 depreciation		Forum Extended Care II		1,398	1,398	22
23	V	27 gen'l & admin salary		Forum Extended Care II		6,610	6,610	23
24	V	10 pharmacy consultant	7,500	Forum Extended Care II			(7,500)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 170,358			\$ 153,341	\$ * (17,017)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 321,485	Community Physical Therapy	100.00%	\$ 312,590	\$ (8,895)	15
16	V	32 Interest		Community Physical Therapy		1,185	1,185	16
17	V			Community Physical Therapy				17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 321,485			\$ 313,775	\$ * (7,710)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC# 0026435Report Period Beginning: 1/1/2004Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 repairs and maintenance	\$ 30,561	Alden Bennett Construction	%	\$ 30,516	\$ (45)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 30,561			\$ 30,516	\$ * (45)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 CARPET CLEANING	\$ 200	ALDEN REALTY - CARPET CARE		\$ 179	\$ (21)	15
16	V	6 FLOOR CLEANING	5,680	ALDEN REALTY - FLOOR CARE		5,127	(553)	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 5,880			\$ 5,306	\$ * (574)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

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Facility Name & ID Number ALDEN NURSING CENTER - WENTWORTH

002-6435

Report Period Beginning 01/01/04

Ending: 12/31/04

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Waterford	Aurora
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governor's Park of Barrington	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

STATE OF ILLINOIS

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Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 1/1/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg	President/CEO		100.00	215,333	2.184	5.46	salary	\$ 12,431	27-7	1
2	Lauren Magnussen	Clinical Coordinator	Nurse Consult	0.00	69,535	2.184	5.46	salary	4,014	15-7	2
3	Terry Magnussen	Maintenance Suprv.	Maintenance	0.00	47,271	2.184	5.46	salary	2,729	7-7	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 19,174		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 1/1/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	See pg 8A (also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Proforma interest expense						\$					\$	1
2	on sale / leaseback		X	mortgage	\$33,979.00	11/82	5,163,500	2,353,846	2012	0.0750		186,670	2
3													3
4													4
5													5
	Working Capital												
6	Related Party - AMS & T Syst											64,862	6
7	Related Party - FECII											306	7
8	Realted Party - CPT											1,185	8
9	TOTAL Facility Related				\$33,979.00		\$ 5,163,500	\$ 2,353,846			\$ 253,023		9
	B. Non-Facility Related*												
10	Interest Income on Corp											(92)	10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$	\$			\$ (92)		14
15	TOTALS (line 9+line14)						\$ 5,163,500	\$ 2,353,846			\$ 252,931		15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 11,769 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	274,297	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	454,496	2
3. Under or (over) accrual (line 2 minus line 1).			\$	180,199	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	468,103	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	648,302	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1999 351,845 8			
		2000 554,057 9			
		2001 568,567 10			
		2002 331,154 11			
		2003 467,429 12			
Accrual based on 100% of 2003 paid invoices.			13	FROM R. E. TAX STATEMENT FOR 2003 \$	13
			14	PLUS APPEAL COST FROM LINE 5 \$	14
			15	LESS REFUND FROM LINE 6 \$	15
			16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,319.93</u>	\$ <u>2,319.93</u>
2. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>27,691.36</u>	\$ <u>27,691.36</u>
3. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>23,298.14</u>	\$ <u>23,298.14</u>
4. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>874.57</u>	\$ <u>874.57</u>
5. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>36,495.44</u>	\$ <u>36,495.44</u>
6. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>133,467.45</u>	\$ <u>133,467.45</u>
7. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>80,315.30</u>	\$ <u>80,315.30</u>
8. <u>20-21-414-019,20,21,31,32-0000</u>	<u>Nursing Home Facility</u>	\$ <u>150,034.09</u>	\$ <u>150,034.09</u>
9. <u>Support (11 pages) attached</u>	<u>Related Party - Alden Management</u>	\$ <u>149,765.00</u>	\$ <u>8,174.00</u>
10. <u>Support (11 pages) attached</u>	<u>Related Party - Forum</u>	\$ <u>13,827.00</u>	\$ <u>291.00</u>
	TOTALS	\$ <u>618,088.28</u>	\$ <u>462,961.28</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

A.
Square Feet:
89,814

B. General Construction Type:

Exterior
brick

Frame
steel

Number of Stories
4

C.
Does the Operating Entity?

☐ (a) Own the Facility
☐ (b) Rent from a Related Organization.
☒ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.
Does the Operating Entity?

☐ (a) Own the Equipment
☐ (b) Rent equipment from a Related Organization.
☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.
List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F.
Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Building	71,388		\$ 132,461	1
2					2
3	TOTALS	71,388		\$ 132,461	3

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

XL OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	300		1981	1981	\$ 5,261,267	\$	35	\$ 150,322	\$ 150,322	\$ 3,554,660	4
5											5
6											6
7											7
8	related party-forum			1978	16,213		22			16,213	8
	Improvement Type**										
9	Paving/Utility Work and Landscaping		1981		309,353		10-40	7,393	7,393	207,950	9
10	Tile		1982		1,873		10			1,873	10
11	Metal Trimwork/Tile/Nurse Station/AC		1983		3,286		8-20			3,286	11
12	Grab Bar/ Electrical work/Carpentry		1984		42,456		3-27	1,390	1,390	41,464	12
13	boiler		1985		4,000		10			4,000	13
14	Resurfacing/Tuckpointong/Freezer Repairs/Motors		1986		52,147		3-5			52,147	14
15	Heating Repairs		1987		3,410		10			3,410	15
16	Glass/Pump repairs/electrical work		1988		13,872		5-10			13,872	16
17	condensor repair/HVAC-Misc Construction		1990		58,637		5-10			58,637	17
18	clean Boiler/TV Service/repai re tower belts/Glass		1991		61,199		5-10			61,199	18
19	Wire Partitioning/Transfer box/piping/drain/motor		1993		33,591	1,606	5-15	1,606		27,830	19
20	Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994		28,780	1,561	15-20	1,561		16,501	20
21	Tile work/door frames/filter & pumpassembly/water		1995		27,562	2,706	10-12	2,706		26,305	21
22	Plumbing repairs		1996		4,560	456	10	456		3,990	22
23	Repair ramp lighting		1996		1,600	160	10	160		1,347	23
24	Install new flooring		1996		2,800	140	20	140		1,190	24
25	Install new flooring		1996		1,763	88	20	88		735	25
26	Install new flooring		1996		2,800	140	20	140		1,202	26
27	Install new flooring		1996		2,800	140	20	140		1,276	27
28	Ejector pumps		1992		35,689	442	5-15	442		33,777	28
29	Repaired roof		1996		1,675	168	10	168		1,480	29
30	TV Antenna & Outlets		1997		2,298		5			2,298	30
31	Repaving		1997		3,305		5			3,305	31
32	Boiler parts		1997		4,938		5			4,938	32
33	Boiler repairs		1997		4,820		5			4,820	33
34	Install tubes for HVAC		1997		4,742		5			4,742	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37		\$	\$		\$	\$	\$		37
38	Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	38
39	Long Elevator (Installed Door retrictors)	1998	5,100	255	20	255		1,743	39
40	Midwest (Replace Booster Heater)	1998	3,359	336	10	336		2,267	40
41	Mr. Root (Repair Ejector Pumps)	1998	5,100	510	10	510		3,188	41
42	Mr rooter (repair Basement replacement pump	1998	2,600	260	10	260		1,582	42
43	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		2,530	43
44	ABC Tank replacement	1999	12,409	827	15	827		4,136	44
45	alden Bennett	1999	11,000	1,100	10	1,100		6,783	45
46	North Town Food Service (Install booster heater)	1999	1,674	167	10	167		990	46
47	Fox Vallev Fire & Safety	1999	2,690	179	15	179		971	47
48	alden Bennett(Carpentry LAbor0	1999	5,954	595	10	595		3,225	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647	465	10	465		2,517	49
50	Capps Plumbing & Sewer	1999	3,390	339	10	339		1,808	50
51	Fox Vallev Fire (Sprinkler System)	1999	2,981	199	15	199		1,043	51
52	Alden Bennett (Hardware)	1999	1,843	184	10	184		937	52
53	Alden Bennett (leasehold improvements)	2000	5,384	538	10	538		2,154	53
54	Alden Bennett (leasehold improvements)	2000	1,518	152	10	152		607	54
55	Climate Service (A/C Repair)	2000	9,393	1,879	5	1,879		9,237	55
56	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842	568	5	568		2,842	56
57	Capps Plumbing Service (faucets)	2000	2,890	289	10	289		1,445	57
58	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	126	10	126		618	58
59	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884	377	5	377		1,853	59
60	New Horizons (telephone repair)	2000	3,756	376	10	376		1,816	60
61	Fox valley Fire & Safetv (smoke detector wiring)	2000	5,482	365	15	365		1,766	61
62	Patten Industries (heating repair)	2000	3,012	602	5	602		2,912	62
63	Climate Services (PVI Water heater)	1999	11,150	743	15	743		4,088	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,112,875	\$ 19,454		\$ 178,559	\$ 159,105	\$ 4,221,391	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,112,875	\$ 19,454		\$ 178,559	\$ 159,105	\$ 4,221,391	1
2	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	733	15	733		4,400	2
3	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	733	15	733		4,400	3
4	Equipment International (doorlock electronic timer)	2000	1,655	166	10	166		814	4
5	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		1,060	5
6	Svstem Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		947	6
7	System Electric (various kitchen & laundry repairs)	2000	4,605	921	5	921		4,375	7
8	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		8,397	8
9	GT Mechanical (HCVAC Repairs)	2000	439	88	5	88		402	9
10	Patten Industries (batteries for generator)	2000	1,857	371	5	371		1,640	10
11	GT Mechanical (replace cooling coils)	2000	2,500	250	10	250		1,146	11
12	GT Mechanical (replace cooling coils)	2000	14,200	1,420	10	1,420		6,508	12
13	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		785	13
14	Capps Plumbing (repair scullery drain install faucets)	2000	3,446	345	10	345		1,694	14
15	Install Coolant hoses, Lines, Heater	2001	2,443	489	5	489		1,954	15
16	Power supply and wiring re phone system	2001	7,258	726	10	726		2,903	16
17	Power supply and wiring re phone system	2001	1,663	166	10	166		651	17
18	Coker services-Boiler	2001	3,163	158	20	158		606	18
19	Capps Plumbing	2001	2,665	533	5	533		1,777	19
20	T&T	2001	1,756	351	5	351		1,141	20
21	Alden Bennett Construction Co.	2001	1,431	286	5	286		882	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,239,809	\$ 29,567		\$ 188,672	\$ 159,105	\$ 4,267,873	34

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Page 12C

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2004

Ending:

12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,239,809	\$ 29,567		\$ 188,672	\$ 159,105	\$ 4,267,873	1
2	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170	234	5	234		683	2
3	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645	529	5	529		1,543	3
4	Healthcare Products - Repair Wheelchairs	2002	988	198	5	198		527	4
5	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208	442	5	442		1,141	5
6	GT Mech - Repair boiler - gas valves	2002	1,143	229	5	229		686	6
7	GT Mech - Repair boiler - installed rebuild kit	2002	1,841	368	5	368		1,043	7
8	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295	259	5	259		734	8
9	CSI Coker - Repair dishwasher	2002	4,279	856	5	856		2,568	9
10	Healthcare Products - Repair Wheelchairs	2002	1,721	344	5	344		1,033	10
11	Long Elev. And Machine Co. - repair elevator	2002	1,148	230	5	230		536	11
12	DBS Contracting	2002	2,699	540	5	540		1,305	12
13	CSI Coker - Repair cooking equip	2002	1,527	305	5	305		763	13
14	Capps Plumbing - Repair hot water system	2002	1,940	194	10	194		404	14
15	Capps Plumbing - Repair hot water system	2002	2,135	214	10	214		445	15
16	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	144	10	144		323	16
17	Capps Plumbing - Repair dish washer	2002	1,284	257	5	257		557	17
18	Svstem Elec. - Repair elevator	2002	1,363	136	10	136		352	18
19	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		487	19
20	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		2,497	20
21	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		565	21
22	ABC - Leasehold Improvements	2002	11,627	581	20	581		1,260	22
23	Tvco - Smoke Detectors	2002	1,023	146	7	146		341	23
24	ABC - Smoke Dampers	2002	9,701	1,386	7	1,386		3,234	24
25	CSI - Repair Dishwasher	2003	1,886	377	5	377		723	25
26	GT Mech - Repair AC	2003	1,538	308	5	308		461	26
27	Simplex - Repair Drain System	2003	1,503	150	10	150		200	27
28	CAPPS - Repair water booster pump	2003	1,895	379	5	379		442	28
29	Simplex - Doors	2003	3,435	344	10	344		687	29
30	Simplex - Wet Chem System	2003	2,695	270	10	270		472	30
31	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		1,667	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,339,231	\$ 41,227		\$ 200,332	\$ 159,105	\$ 4,295,552	34

**Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,339,231	\$ 41,227		\$ 200,332	\$ 159,105	\$ 4,295,552	1
2	AMS-New generator	2004	2,148	107		107		107	2
3	GT Mech Circu pump for heat	2004	1,747	26		26		26	3
4	CSI repair to oven	2004	2,627	219		219		219	4
5	CSI new wiring	2004	1,718	157		157		157	5
6	GT Mech Chiller Repair	2004	4,196	280		280		278	6
7	ABC Sewage ejector pump	2004	10,724	715		715		715	7
8	TNS Install DSL Cable	2004	1,109	92		92		92	8
9	ABC Hvac	2004	2,971	248		248		248	9
10	ABC-Remodeling 4th floor	2004	25,103	84		84		84	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,391,574	\$ 43,155		\$ 202,260	\$ 159,105	\$ 4,297,478	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,391,574	\$ 43,155		\$ 202,260	\$ 159,105	\$ 4,297,478	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	4
5	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	5
6	Leasehold Improvement-Tenant Improvement	1987	996		13			996	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	8
9	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	9
10	Leasehold Improvement-Asphalting	2000	98		3			98	10
11	Leasehold Improvement-DAI	2001	172	17	10	17		54	11
12	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	28
29	Leasehold Improvement-Remodeling	2003	5,085	775	7	775		1,394	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	33
34	TOTAL (lines 1 thru 33)		\$ 6,477,271	\$ 45,544		\$ 204,649	\$ 159,105	\$ 4,358,907	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 415,273	\$ 35,830	\$ 35,830	\$		\$ 273,227	71
72	Current Year Purchases	31,766	2,931	2,931			2,931	72
73	Fully Depreciated Assets	216,041	4,933	4,933			216,041	73
74								74
75	TOTALS	\$ 663,080	\$ 43,694	\$ 43,694	\$		\$ 492,199	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	caR ENGINE/BUS /VAN	various/dodge	98-'04	\$ 8,164	\$ 130	\$ 130	\$	3	\$ 7,981	76
77										77
78										78
79										79
80	TOTALS			\$ 8,164	\$ 130	\$ 130	\$		\$ 7,981	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,280,976	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 89,368	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 248,473	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 159,105	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,859,087	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$		86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Hints: Of the 3 categories of input, PLUG the category that requires the most manual input. For example:
 Input Current Yr purchase section first, then the FD's (fully deprec assets), then plug the Not Fully Deprec

Wentworth
2004 MEDICAID COST REPORT
SCH XI, SECTION C, PAGE 13
LINES 37-41

	<u>COST</u>	2004 <u>CURRENT</u> <u>BOOK DEPR.</u>	2004 <u>ST LINE</u> <u>DEPR.</u>	<u>ADJUSTMENT,</u> <u>IF ANY</u>	12/31/2004 <u>ACCUM.</u> <u>DEPR.</u>
F&F AND EQUIP. NOT FULLY DEPREC.					
<u>ON PRIOR PURCHASES</u>					
Related Party-Ams	28,323.00	5,811.00	5,811.00	0.00	14,010.00
Related Party-Forum		0.00	0.00	0.00	0.00
Computers	0.00	0.00	0.00	0.00	
F & F	230,399.71	14,687.00	14,687.00	0.00	163,196.71
Equipment/Maj. Mov.	156,550.42	15,332.79	15,332.79	0.00	91,717.42
Partnership			0.00	0.00	
Off book equip./F & F			0.00	0.00	
SUBTOTAL LINE 71	415,273.13	35,830.79	35,830.79	0.00	268,924.13
<u>ON CURRENT PURCHASES</u>					
Related Party-Ams	2,268.00	734.00	734.00	0.00	734.00
Related Party-Forum			0.00	0.00	
Computers	3,360.00	84.00	84.00	0.00	84.00
F & F	4,356.00	658.00	658.00	0.00	658.00
Equipment/Maj. Mov.	21,782.00	1,455.00	1,455.00	0.00	1,455.00
Partnership			0.00	0.00	
Off book equip./F & F			0.00	0.00	
SUBTOTAL LINE 72	31,766.00	2,931.00	2,931.00	0.00	2,931.00
FULLY DEPRECIATED ASSETS					
Related Party-Ams	47,882.00	1,478.00	1,478.00	0.00	47,882.00
Related Party-Forum			0.00	0.00	
Computers			0.00	0.00	
F & F	75,092.29	1,426.00	1,426.00	0.00	75,092.29
Equipment/Maj. Mov.	93,066.58	2,028.71	2,028.71	0.00	93,066.58
Partnership			0.00	0.00	
Off book equip./F & F			0.00	0.00	
SUBTOTAL LINE 73	216,040.87	4,932.71	4,932.71	0.00	216,040.87
TOTAL LINE 75	663,080.00	43,694.50	43,694.50	0.00	487,896.00
TEST:					
AMOUNTS FROM SPREADSHEETS:	#VALUE!	47,412.47	47,412.47	0.00	452,670.42
S/B ZERO	#VALUE!	(3,717.97)	(3,717.97)	0.00	35,225.58

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Omega Healthcare Investors

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		300	10/29/86	\$	10	10	3
4	Additions							4
5								5
6								6
7	TOTAL		300		\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☒ YES ☐ NO Terms: sale / leaseback *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 14,240 Description: Copy machine lease\$13,935 and postage machine\$305

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS		\$ 2,080.00	\$ 24,954	17
18					18
19					19
20					20
21	TOTAL		\$ 2,080.00	\$ 24,954	21

10. Effective dates of current rental agreement:

Beginning 11/1/01

Ending 10/31/06

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2005 \$ 1,176,050

13. /2006 \$ 980,042

14. /2007 \$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary. Skilled nurses on site	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility					
		Drop-outs	Completed	Contract	Total		
1	Community College Tuition	\$	\$	\$	\$		
2	Books and Supplies						
3	Classroom Wages (a)						
4	Clinical Wages (b)						
5	In-House Trainer Wages (c)						
6	Transportation						
7	Contractual Payments						
8	Nurse Aide Competency Tests						
9	TOTALS	\$	\$	\$	\$		
10	SUM OF line 9, col. 1 and 2 (e)	\$					

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 156,588	\$		\$ 156,588	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			1,657			1,657	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			163,239			163,239	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	see page16a	# of prescrpts				75,082		75,082	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	see page16a				(8,895)	154,692		145,797	13
14	TOTAL			\$		\$ 312,589	\$ 229,774		\$ 542,363	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Alden Nursing Center - Wentworth

2004

Page 16
Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

Service

1. OT	39-3	\$156,588.00
2. ST	39-3	1,657.00
3.		
4. PT	39-3	163,239.00
5.		
6.		
7.		
8.		
9. Pharmacy	See pg 16A	97,263.00
Plus: Related Party- Forum Drugs		(13,370.00)
Plus: Related Party- Forum I.V.		(8,811.00)
Total to line 9 Pharmacy		75,082.00
10.		
11.		
12. Exceptional Care-Column 3	See pg 16A	0.00
12. Exceptional Care-Column 6	See pg 16A	0.00
13 Other lab,x-ray therapy,mattress,Pyramid billings		161,733.00
Related Party- Pyramid		(15,917.00)
Related Party- CPT		(8,895.00)
Oxygen Cost-IDPA		8,876.00
Total to line 13		145,797.00
14. Total		542,363.00

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$		1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 90,000)	1,744,332		3
4	Supply Inventory (priced at)	291		4
5	Short-Term Investments			5
6	Prepaid Insurance	10,870		6
7	Other Prepaid Expenses	1,808		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	89,403		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,846,704	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	990,222		15
16	Equipment, at Historical Cost	584,607		16
17	Accumulated Depreciation (book methods)	(1,120,231)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 454,598	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,301,302	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,081,208	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	59,052		28
29	Short-Term Notes Payable	70,935		29
30	Accrued Salaries Payable	279,810		30
31	Accrued Taxes Payable (excluding real estate taxes)	14,641		31
32	Accrued Real Estate Taxes(Sch.IX-B)	468,103		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other accrued expenses	234,352		36
37	Due of affiliates	3,633,015		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,841,116	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	25,273		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 25,273	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,866,389	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (4,565,087)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,301,302	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,893,463)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2003 cost report	(41,594)	3
4	was submitted. These have no effect on prior years report		4
5	Bad debt, Medicare revenue non-allowables		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,935,057)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,630,030)	7
8	Acquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,630,030)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (4,565,087)	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,618,529	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,618,529	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	63,795	6
7	Oxygen	4,205	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 68,000	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	523	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,350	19
20	Radiology and X-Ray		20
21	Other Medical Services	(403)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,470	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	92	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 92	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Recovery of bad debts and previous adjustments	13,747	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,747	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,702,838	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,278,586	31
32	Health Care	2,121,457	32
33	General Administration	2,083,586	33
	B. Capital Expense		
34	Ownership	2,095,060	34
	C. Ancillary Expense		
35	Special Cost Centers	589,479	35
36	Provider Participation Fee	164,700	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,332,868	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,630,030)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,630,030)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending:

12/31/2004

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,128	2,136	\$ 87,928	\$ 41.16	1
2	Assistant Director of Nursing	1,880	2,273	71,277	31.36	2
3	Registered Nurses	9,031	9,791	252,236	25.76	3
4	Licensed Practical Nurses	31,008	33,194	682,526	20.56	4
5	Nurse Aides & Orderlies	76,647	83,123	738,695	8.89	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,435	8,096	69,052	8.53	10
11	Social Service Workers	1,992	2,080	33,660	16.18	11
12	Dietician					12
13	Food Service Supervisor	1,936	2,080	35,756	17.19	13
14	Head Cook	4,744	5,197	57,027	10.97	14
15	Cook Helpers/Assistants	15,015	16,088	134,119	8.34	15
16	Dishwashers					16
17	Maintenance Workers	2,048	2,080	43,293	20.81	17
18	Housekeepers	18,887	20,191	196,672	9.74	18
19	Laundry	4,944	5,468	48,497	8.87	19
20	Administrator	2,080	2,080	94,051	45.22	20
21	Assistant Administrator					21
22	Other Administrative	5,647	6,007	121,055	20.15	22
23	Office Manager					23
24	Clerical	4,420	4,572	54,315	11.88	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,984	2,080	55,490	26.68	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	191,826	206,536	\$ 2,775,649 *	\$ 13.44	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	41,608	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	78	2,180	11-3	44
45	Social Service Consultant	16	892	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	94	\$ 61,480		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2004

Ending: 12/31/2004

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount		
Joelynn Miller-Johnson	Administrator	0	\$ 94,051	Workers' Compensation Insurance	\$ 57,110	IDPH License Fee	\$		
				Unemployment Compensation Insurance	61,047	Advertising: Employee Recruitment	857		
				FICA Taxes	214,873	Health Care Worker Background Check	247		
				Employee Health Insurance	15,916	(Indicate # of checks performed <u>35</u>)			
				Employee Meals	29,891				
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,320		
				Marketing Employ.Benefits Deduction	(6,983)	II Health Care Assoc.	9,605		
				Union Health & Welfare	64,581	Dues and subscriptpn			
				Dental, Life & Pension Costs	16,435				
				Relations, Misc., & Tuition	5,786	Related Party - AMS	599		
				Drug Tests, 401k Match, Vaccinations, Chi Head T	2,592	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 94,051	TOTAL (agree to Schedule V, line 22, col.8)		\$ 461,248	TOTAL (agree to Sch. V, line 20, col. 8)		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**			
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
							Misc / Gas / Repairs	646	
							Seminar Expense		
							IHCA	2,242	
							related party	14,867	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	(agree to Sch. V, line 24, col. 8)		
C. Professional Services							TOTAL		
Vendor/Payee	Type		Amount				\$ 17,755		
AMS	Management Fees		\$ 880,800						
BDO Seidman	Accounting Fees		10,544						
Ken Fisch / B. Greenburg	Legal Fees		23,673						
Schmidt, Salzman & Moran	RE Tax work		15,100						
Medi.com	Billing Consultants		1,462						
Dart Systems LLC.	Medicare Consultant		26,088						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 957,667						

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	See Page 22A	2/89-12/94	130,230		\$								
2	See Page 22B	2/95-12/95	30,435	3-20	1,182	1,124	1,124	1,124	1,124	1,124	1,124	1,124	1,124
3	See Page 22C	1/96-12/96	43,836	3-20	1,356	1,356	1,356	1,356	1,356	1,356	1,356	1,356	1,356
4	See Page 22D	2/97-12/97	32,043	3	6,211								
5	See Page 22E	1/98-12/98	32,985	3	10,995	5,676							
6	See Page 22F	3/99-8/99	30,523	3	10,174	10,174	4,641						
7	See Page 22G	3/00-6/00	44,766	3	9,081	14,922	14,922	0					
8	See Page 22H	7/01-12/01	8,300	3		816	2,767	2,767	0				
9	GT Mech(replace compres	7/02	1,657	3			276	552	276	0			
10	GT Mech(replace pump se	5/02	3,183	3			530	1,061	530	0			
11	GT Mech(replace fan mot	4/02	1,905	3			318	635	318	0			
12	ABC --(hardware corner g	11/02	1,672	3			46	557	511	0			
13	painting > \$1,500	01/04	2,230	3				743	743	743			
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 363,765		\$ 38,999	\$ 34,068	\$ 25,980	\$ 8,795	\$ 4,858	\$ 3,223	\$ 2,480	\$ 2,480	\$ 2,480

XIV. II. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, Item 6, vol. II)

[illegible][illegible][illegible][illegible][illegible]

XIX. II. SUPPORT SCHEDULE. DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, Item 6, col. 2)

(Per Semester)				I		II		III		IV		V		VI		VII		VIII		IX		X	
No	Department	Department Head	Coordinator	Academic Performance																			
				Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
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SIX. 45. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, line 6, col. 2)

[illegible]

SIX. AS SUPPORT SCHEDULE. DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, line 6, col. B)

[illegible]

SEE ALSO SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, Item 6, col. 2)

[illegible]

XIV.B. SUPPORT SCHEDULE, DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, line 6, col. 2).

[illegible]

SEE ALSO SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Vol. V, Item 6, col. 2)

(See Instructions.)														
	Impairment Type	Month & Year Separation Occurred	Last Cost	Trade Dress	Amount of Expense Incurred for Year									
					FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	
101	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
102	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
103	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
104	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
105	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
106	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
107	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
108	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
109	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
110	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
111	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
112	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
113	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
114	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
115	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
116	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
117	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
118	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
119	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
120	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
121	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
122	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
123	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
124	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
125	General Services (not subject to audit)	0001	0.0000	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	

Facility Name & ID Number Alden Wentworth Rehab & HCC

STATE OF ILLINOIS

0026435

Report Period Beginning:

1/1/2004

Ending:

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12/31/2004

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. Ill Healthcare Asso \$11,880
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-20 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 12,938 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 10/31/06
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 164,700
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 29,891 Has any meal income been offset against related costs? No Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Wentworth
Reporting Period Beginning
Reporting Period Ending

002-6435
1/01/04
12/31/04

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Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(29,891)	Employee Meal
	22	29,891	Employee Meal
22		(3,176)	Uniforms
	10	907	Uniforms
	6	0	Uniforms
	4	0	Uniforms
	1	481	Uniforms
	3	1,034	Uniforms
	11	0	Uniforms
	21	754	Uniforms
		<u>0</u>	Net should be 0